

DEPARTMENT OF PERSONNEL AND ADMINISTRATION
Professional Development Center
Registration Form

Please FAX your completed registration form to the Professional Development Center 303-866-2334.

NAME: _____

AGENCY/COLLEGE: _____ DIVISION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EXT.: _____ FAX: _____

E-MAIL ADDRESS: _____ **(required)**

COURSE NAME: _____

COURSE DATES: _____

COURSE COST: _____

Class times are 8:30 a.m. to 4:30 p.m.

Unless otherwise noted, the location is the Centennial Building, 1313 Sherman St., Room 220, Denver.

How did you hear about this course?

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> <i>Stateline</i> | <input type="checkbox"/> Email | <input type="checkbox"/> Past course participant |
| <input type="checkbox"/> Campus newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

PAYMENT METHOD

PAYMENT IS DUE PRIOR TO THE FIRST DAY OF CLASS

Paying by check: Make payable to STATE OF COLORADO and mail it to Dept. of Personnel & Administration, 1313 Sherman, Rm 115, Denver, CO 80203, Attn: DHR/Professional Development Center. FEIN: 840644739 L

Paying with a COFRS IT Document: Attach a copy of the IT YYY document set up to agency AQD, and complete the following information:

FUND	AGENCY	ORG	SUB ORG	APPR	PROG	
FUNC	OBJECT	SUB OBJ	B/S ACCT	GBL	RPTG	JOB/PROJ

Accounting contact: _____ Phone number: _____ **(required)**

All registrations are considered confirmed at the time of registration. Three days notice required for cancellation, refund or rescheduling of most courses.

******NO REFUNDS ON NO-SHOWS OR CANCELLATIONS THE DAY OF CLASS – AGENCY WILL BE CHARGED******